

**Level 3
Diagnostic**

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
201 West Preston Street, Room 423A; Baltimore, MD 21201
1-800-633-1316 or 410-767-6730

**Level 3
Diagnostic**

UNIVERSAL NEWBORN HEARING SCREENING PROGRAM

(Refer to Back. Please Complete All Information Requested)

Child's Birth Last Name: _____ **Permanent Name:** _____
(include birth order if multiple birth) Last First

Date of Birth: ____ / ____ / ____ **Date of Test:** ____ / ____ / ____ **Hospital of Birth:** _____
MO DY YR MO DY YR (see back for code)

Mother's Information	Pediatrician's Information
Social Security Number: _____ - _____ - _____	Last Name: _____ First Name: _____
Last Name: _____ First Name: _____	Practice Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
HM Tel: (____) _____ - _____ WK Tel: (____) _____ - _____	Tel: (____) _____ - _____
Primary Language (if not English): _____	

Audiologist's Information
Last Name: _____ First Name: _____
Practice Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: (____) _____ - _____
Email: _____

Enter (X) in *all* appropriate white boxes.

Diagnostic Procedure			
Test(s) Done	Modality		
	AC	BC	SF
ABR			
VRA			
OAE: TE/DP			
Tympanometry:			
Other:			
Type of Hearing Loss			
	RE	LE	
None			
Conductive			
Sensorineural			
Mixed			
Undetermined			
Not Tested			
Hearing Loss Degree (est.)			
	RE [†]	LE [†]	SF [‡]
16 – 25 dB			
26 – 40 dB			
41 – 55 dB			
56 – 70 dB			
71 – 90 dB			
91 dB plus			

Recommendations:		
	Primary Care Provider	Counseling
	Audiologic re-evaluation	Amplification
	Otologic examination	Infants & Toddlers Program
	Early intervention/ therapy (Private)	Risk Factors:
	Audiology monitoring	Other:

Comments: (Please list referral sites and appointment dates if available)

[†]PTA (0.5, 1.0, 2.0 kHz or available).
[‡]Speech/noise awareness level; warbled tone.

— Please fax (410-333-5047) or mail within 24 hours of diagnostic testing —